

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

**CV420-044**

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

George Everett Jones

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Sheriff John WelchChatham County Jail

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

U.S. DISTRICT COURT  
SAVANNAH DIV.  
FILED  
2020 MAR 6 AM 9:23  
CLERK SODA, J. BA. 2020 MAR 6 AM 9:23

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

George Everett Jones

All other names by which  
you have been known:

ID Number

2019110405

Current Institution

Chatham County Jail

Address

1074 Carl Griffin Dr

City

GA31405

State

Zip Code

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Sheriff John WelcherJob or Title (*if known*)Sheriff

Shield Number

Employer

Address

1050 Carl Griffin DrSAVANNAHGA31405

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 2

Name

Chatham County JailJob or Title (*if known*)

Shield Number

Employer

Address

1074 Carl Griffin DrSAVANNAHGA31405

City

State

Zip Code

 Individual capacity Official capacity

## Defendant No. 3

Name	<hr/>		
Job or Title ( <i>if known</i> )	<hr/>		
Shield Number	<hr/>		
Employer	<hr/>		
Address	<hr/>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<input type="checkbox"/> Individual capacity		<input type="checkbox"/> Official capacity

## Defendant No. 4

Name	<hr/>		
Job or Title ( <i>if known</i> )	<hr/>		
Shield Number	<hr/>		
Employer	<hr/>		
Address	<hr/>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<input type="checkbox"/> Individual capacity		<input type="checkbox"/> Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)  
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?  
*Cruel and unusual punishment*C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*I went to medical with my testical sack enlarged and the doctor told me that I needed surgery. Then when I got back from court he sent for me and told me that the jail wouldn't pay for the surgery.*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

*in Oct of 2019 Nancy W. Page threatened to cut my head off. Officer Slater (SPD) took a bow saw and a butcher knife from her and arrested her. The next day Judge Claire Williams turned Nancy loose on her O.R. Attach page*

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Dec 2019 - Chatham County Jail*

With the fact that she have "no contact with ~~to~~  
George Jones"

On Nov 10<sup>th</sup> 2019 Nancy came to my Tent (we're homeless  
and hit me with a ~~pp~~ frying pan then ~~got~~ grabbed my  
Testicals and caused them to swell up.

The second person I saw at medical  
checked my Testicals then sent for a nurse and  
ask her "ain't that cool?" Then he said that  
my problem wasn't a ~~correctal~~ emergency;  
The doctor said that I might not think that it's cool but  
they do

C. What date and approximate time did the events giving rise to your claim(s) occur?

About Dec 5. 2019

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

The jail refuses to help me with my swollen Testicks  
The doctor Laughed at my condition  
~~the~~ And The Nurse was a witness

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**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want The court To release me on my O.R.  
And ~~do~~ I'll get my own medical attention, I have Medicare,  
medicaid, and wellcare.  
if There's any monies? whatever The court Thinks  
is fair

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Chatham County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

all of them

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

Chatham County Jail

2. What did you claim in your grievance?

About the jail not allowing me Medical Treatment

3. What was the result, if any?

I did not hear anything back

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I did Two(2) grievances and I wrote to Sheriff Welch  
and STILL no response

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### **VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

\_\_\_\_\_

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes  
 No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

Yes  
 No

If no, give the approximate date of disposition  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)  
\_\_\_\_\_

## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: March 2<sup>nd</sup> 2020

Signature of Plaintiff

George E Jones

Printed Name of Plaintiff

George Everett Jones

Prison Identification #

2019110405

Prison Address

Chatham County jail 1054 Carl Griffin Dr

Savannah

City

GA

State

31405

Zip Code

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

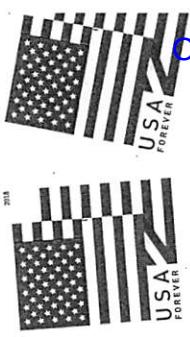
Zip Code

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_



George E. Jones 1-B-2  
1074 Carl Griffin Dr  
Savannah GA 31405

Office of The Clerk  
U.S. District Court  
Southern District of Georgia  
P.O. Box 8286  
Savannah GA. 31412

RECEIVED

U.S. Marshals Service  
Savannah Georgia